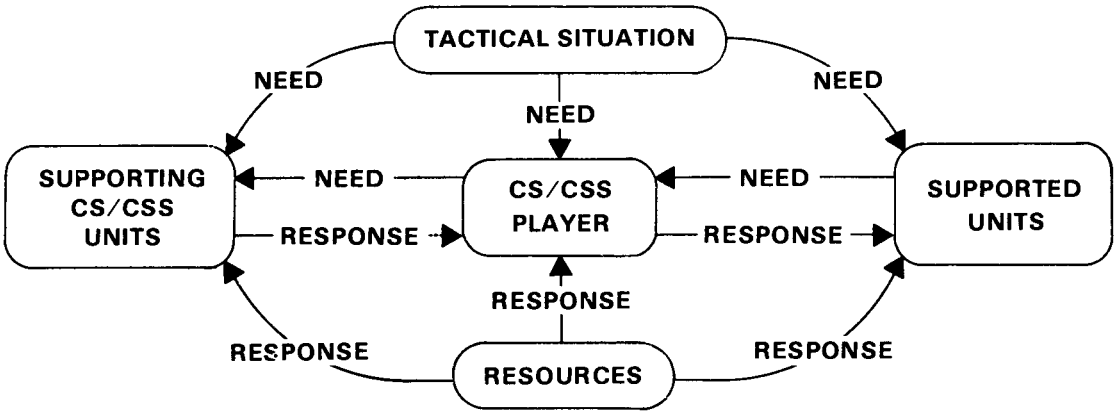
APPENDIX B

CS and CSS in Exercises

PRINCIPLES

Support functions respond to the needs of the supported units. Figure 30 depicts the system within which CS and CSS units operate.

FIGURE 30. NEED-RESPONSE SYSTEM.



The tactical situation creates the needs to which the system responds. Consequently, the tactical situation drives the support system. The response is the way in which CS and CSS fill the needs. It is determined by the resources available. In wartime, the needs are created by what happens on the battlefield: equipment may be lost or damaged, personnel may be killed or wounded. However, in peacetime exercises, planners determine the tactical situation and the resources available in order to meet the objectives.

In training exercises, CS and CSS units support actual units or notional units. Actual units generate their own needs. However, to meet the exercise objectives, planners control the resources available for responding to these needs. For notional units, planners control both the needs and the resources. In preparing for training, planners should employ the principles in this manual to conduct CS and CSS training exercises.

This appendix discusses specific considerations for planning, controlling, umpiring, and evaluating the following functions:

- Health services.
- Military police.
- Personnel and administration.
- Transportation.
- Maintenance.

HEALTH SERVICES OPERATIONS

Exercise play should include health services support operations, involving both nonmedical units and supporting Army Medical Department (AMEDD) organizations. As far as possible, AMEDD units and personnel should provide realistic support in exercises. They use moulaged casualties to train medical units in the transport, triage, and care of the wounded.

The terms *patient* and *casualty* are precise designations that ensure proper care of actual patients and proper use of actual resources. Patients are sick, injured, or wounded personnel receiving medical care or treatment. Actual patients are those who are really sick, injured, or wounded. They need actual medical care. Simulated patients are not really sick, injured, or wounded. They are tagged or otherwise identified (with or without cosmetic makeup) to simulate actual patients for training or evaluation purposes. They must be physically moved or cared for to meet training or evaluation requirements. Constructive patients represent sick, injured, or wounded patients in reports, messages, or other written or oral communications to assist in CPX play. It is not necessary to move these patients. Casualties are those lost to their organizations because of death, wounds, injuries, or disease. The differences among actual, simulated, and constructive casualties are similar to those described for patients. In exercises, all patients and casualties should have one of these designations.

Actual health services support must integrate with simulated and constructive exercise play. However, actual support should not replace simulated or constructive play unless it is furnished under the combat conditions. For example, a combat support hospital (CSH) providing only area sick call support for an exercise is not accomplishing its major CSS mission. See Table 9 for the types of health services support operations that should be performed by different levels of AMEDD and non-AMEDD units in field exercises.

TABLE 9. TYPES OF OPERATIONS.

	Non-AMEDD company/section	Combat/combat support battalion	Brigade division surgeon's section	Division medical battalion brigade/ regiment medical company	Non-AMEDD corps/COMMZ units	AMEDD corps/ COMMZ units
Self/buddy first aid	X	X	X	X	X	X
Personal hygiene and field unit sanitation functions	X	X	X	X	X	X
AMEDD staff functions			X	X		X**
Health services missions/tasks in nonmedical ARTEP	X	X*	X		X	
Missions/tasks in AMEDD ARTEP			X	X		X

*Appropriate AMEDD organizations only.

**Unit authorized a medical platoon/section.

PLANS

Exercise directors must ensure that AMEDD planners include actual, simulated, and constructive health services support requirements early in preexercise planning. AMEDD training objectives should integrate with other exercise objectives. Detailed guidance is contained in the 8-series AMEDD ARTEPs.

Planners must identify all the necessary resources such as—

- Funds.
- Personnel.
- Equipment.
- Supplies.
- Transportation.

Some of the required health services personnel for exercises may be temporarily assigned to fixed installation medical facilities. Agreements between AMEDD TOE units and the local medical activity/medical center (MEDDAC/MEDCEN) should specify the release procedures for TOE unit personnel in on-the-job training or directed support programs. Agreements should specify procedures for obtaining controller, umpire, and evaluator personnel. Local agreements should also provide adequate time to request and obtain release of personnel from their parent units. When local assets cannot provide actual, simulated, and constructive health services assistance, requests should go through appropriate command channels.

To support the training objectives of most AMEDD treatment and evacuation units, realistic simulated casualty or patient play is necessary. Exercise planners must determine the source of casualties and patients, for example, by assessing player units or by using casualty or patient pools. In exercises that involve only medical or other support units, pools are usually necessary to provide the required volume of patients or casualties. In large exercises, assessments during exercise play should generate casualties. This procedure ensures that AMEDD training objectives are met. It also ensures that player units operate with realistic combat losses. Detailed instructions issued to controllers, umpires, and player units specify how to release simulated casualties into the treatment and evacuation system. Procedures must also provide for the timely return of personnel to units upon their release from medical channels. Normally, exercised to accomplish this. AMEDD units are not responsible for returning patients to their units.

Casualties should simulate only those injuries or diseases that could be found in the area of operations under the conditions established for the exercise. To determine the battle and nonbattle casualties for each exercise, planners consider—

- Units involved.
- Troop population and density.
- Enemy forces.
- Type of combat.
- Weather.
- Terrain.

The available resources may limit the simulated casualties. To meet the training objectives, varying numbers of casualties are necessary.

Medical planning should provide realistic situations and events for AMEDD units. It should provide enough information so that participating units can respond realistically. Medical units practice survivability operations and operate 24 hours a day.

For FTXs, units attached to the medical headquarters in peacetime or scheduled for attachment in contingency operations may comprise only a portion of the organization. Other units must be added, as needed. ARTEP 8-112 contains guidance.

PERSONNEL AND EQUIPMENT

Detailed requirements to support specific AMEDD units are contained in appropriate 8-series ARTEPs. To determine the personnel and equipment for large-unit exercises, planners analyze—

- The objectives of the exercise.
- The quantity, types, and locations of player units.
- The timing of exercise events.

Control and evaluation functions may be combined or separated, depending on the exercise. Sufficient qualified personnel must be available to play all nonparticipating agencies with which the unit would normally coordinate and communicate. Many professional specialties in AMEDD units cannot be adequately evaluated. Controllers must be experienced and knowledgeable enough to initiate actions for, and respond to, player units. Control personnel have to moulage simulated patients and instruct them in their roles. Simulated casualty pools that generate patient play must have sufficient personnel. The appropriate 8-series ARTEPs recommend numbers of personnel for specific units. Driver/radio telephone operator (RATELO) personnel with vehicles are required to support the AMEDD controllers, umpires, evaluators, and patients.

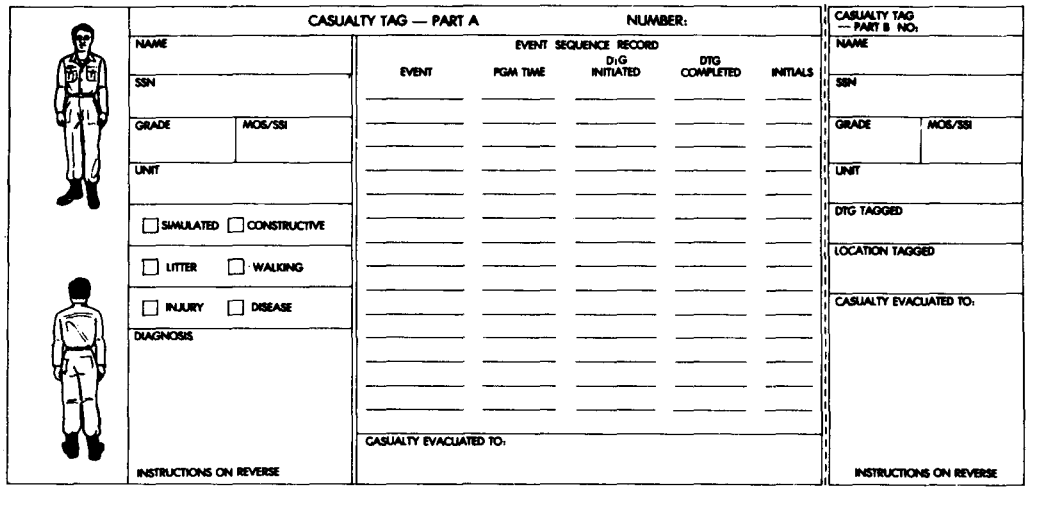
When simulated patients and casualties are in treatment facilities during meal hours, the facilities will feed them. Class X clothing is required for simulated patients, particularly those who will be moulaged.

CONTROL

Exercise plans must specify detailed control procedures for actual casualties and patients. Actual medical support is normally the responsibility of the participating units. Provisions are made for—

- Sick call and outpatient care.
- Emergency care.
- Ground and air evacuation, as appropriate.
- Hospitalization.

FIGURE 31. CASUALTY TAG (FRONT).



- Care for personnel unable to return to their units but not requiring hospitalization.
- Medical supply and maintenance support.
- Communications to support the above functions.

Casualty tags identify simulated casualties, place them into training exercises, and trace their movement through the medical treatment and evacuation system. If simulated casualties result from assessments, controllers must be briefed and issued the simulated casualty tags with Part A completed. Often the assessors are not AMEDD personnel. They may be controllers for other participating units. When players are tagged, Part B of the tag should be completed, separated, and turned in to AMEDD controllers on a prearranged schedule, normally at least once a day. Part A should remain affixed to the simulated casualty until released from medical channels. The last medical treatment or evacuation unit seeing the casualty should keep Part A and turn it in to AMEDD controllers on a prearranged schedule. Controllers should compare the collected Parts A and B at least once daily. Doing so ensures that assessed casualties are being released into, and properly moved through, the medical system. Controllers should bring major problem areas to the attention of player units for corrective action.

Standard moulage aids are relatively simple and increase visual impact, Patients must be briefed on behavior, signs, and symptoms. Then they can add realism to the exercise play.

Exercises with MILES should use the casualty procedures in TC 25-8. Controllers for such exercises will be issued packages of MILES casualty tags (GTA 8-11-5). The tags are issued concurrently with MILES devices. Unlike the casualty tags described above, the MILES casualty tags have predetermined wound diagnoses by percentage of various types of casualties. The controller will randomly issue one tag to each player prior to

FIGURE 32. CASUALTY TAG (BACK).

SEE FM8-23 FOR DETAILED GUIDANCE ON THE USE OF THIS FORM.

1. THIS TAG WILL ACCOMPANY SIMULATED CASUALTIES TO THE MEDICAL TREATMENT FACILITY RELEASING HIM TO DUTY. TAGS WILL BE RETAINED AT THAT FACILITY AND BE PICKED UP BY A MEDICAL CONTROLLER.
2. THIS TAG MAY BE USED AS A CONSTRUCTIVE CASUALTY AND MAY BE MOVED THROUGH THE TREATMENT/EVACUATION SYSTEM AS THOUGH IT WERE A CASUALTY.
3. THIS TAG IS NOT INTENDED TO REPLACE DD FORM 1380.
4. IF SECTION ON "EVACUATE CASUALTY TO" IS LEFT BLANK, CASUALTY WILL BE EVACUATED TO FACILITIES APPROPRIATE TO DIAGNOSIS.
5. COMPLETE EVENT SEQUENCE RECORD IAW FM8-23 AND THE ADMINISTRATIVE INSTRUCTIONS PREPARED FOR THIS EXERCISE:

EXAMPLES:
EVENT- BRIEF DESCRIPTION OF ACTION; PROGRAMMED TIME - SEE FM8-23; DTG INITIATED/COMPLETED - ACTUAL DTG ; INITIALS-(1) CONTROLLER (2) COMPANY AIDMAN (3) AMBULANCE DRIVER (4) AID STATION PA (5) INDIV RELEASING TO DUTY.

EVENT	PGM TIME	DTG INITIATED	DTG COMPLETED	INITIALS
TAGGED		170817	170815	TDC (1)
TREATED		170817	170825	ADD (2)
EVAC TO AID STA		170835	170845	BTM (3)
TREAT AT AID STA		170900	170920	JCH (4)
RTD			171100	DRJ (5)

INSTRUCTIONS — PART A

LEGEND
(PARA 7-3, AR 40-400)
CW - CONTUSED WOUND
LW - LACERATED WOUND
PEN W - PENETRATING WOUND
MW - MULTIPLE WOUND
PERF W - PERFORATING WOUND
FS - FRACTURE, SIMPLE
FC - FRACTURE, COMPOUND
FCC - FRACTURE COMPOUND COMMINUTED
SV - SEVERE
SL - SLIGHT

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INSTRUCTIONS — PART B

REMOVE THIS PART OF TAG AFTER FILLING OUT REVERSE SIDE AND TAGGING CASUALTY.

FORWARD THIS PART TO CHIEF MEDICAL EVALUATOR.

STARTEX. Players will place the tags in their pockets without reading them. If a player's MILES equipment is activated, the controllers read the card to assess the casualty.

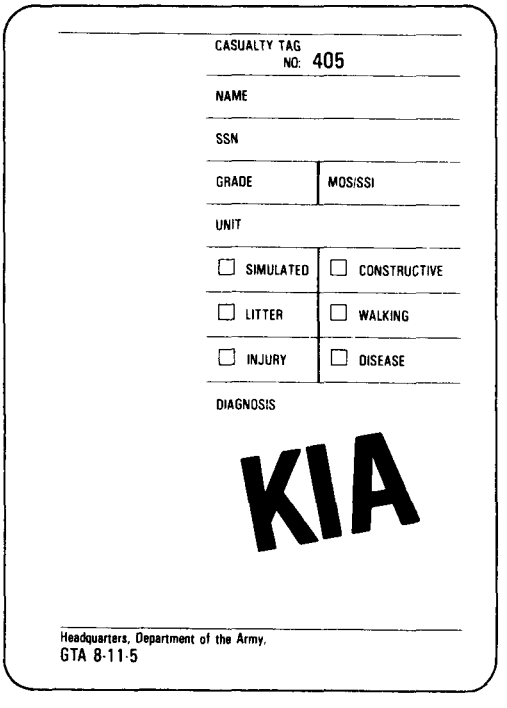
If a casualty pool is used, medical controller personnel should moulage and brief the patients, attach a casualty tag and/or DD Form 1380 (Field Medical Card), and coordinate their insertion in exercise play. Simulated casualties can be introduced into play by—

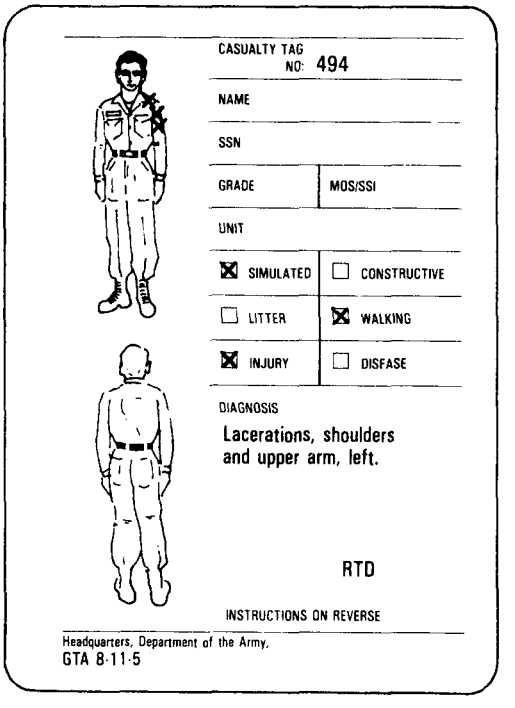
- Being transported to the treatment facility by ground or air ambulances or other vehicles.
- Being picked up at simulated aid stations or other field sites by evacuation units.
- Walking into a facility.

If the scenarios require that casualties be evacuated after receiving initial treatment, each must have a DD Form 1380 to reflect treatment received.

Non-AMEDD controllers must ensure that released patients return to their units according to established exercise procedures. If they do not receive casualty information through normal communications, controllers portraying a unit's higher headquarters or a subordinate unit should request it from

FIGURE 33. SAMPLE CASUALTY TAGS FOR MILES-SUPPORTED EXERCISES.





player units. These controllers should also respond realistically to requests from participating units.

Detailed procedures for evaluating and maintaining records of medical exercise activities are found in appropriate 8-series ARTEPs and FM 8-23. Also, see TC 25-6 for instructions on MILES-supported exercises.

DA Pamphlet 310-12 describes a wide range of available simulation training aids. Planners should also consider other locally constructed aids. Some applicable nonstandard aids may be available through the MEDDAC/MEDCEN. They may be justified for purchase and use within a command. Improvised medical training aids are as varied as imagination and resources allow.

MILITARY POLICE OPERATIONS

Military police (MP) units participate in exercises to provide realism. These units provide combat, CS, and CSS to the commander. Table 10 summarizes MP missions and operations and identifies the military police TOE units responsible for each.

PLANS

Military police planning considerations are applicable to actual tactical situations, as well as to the planning and conduct of training exercises. Wherever feasible, military police participate in the planning so that their training needs can be incorporated in the exercise. Tasks in the MP ARTEP should be included in the exercise scenario. Additional military police tasks dictated by local missions or circumstances may also be included. Planners should keep in mind the size and actual capabilities of the military police unit being employed. The wide spectrum of possible military police missions requires that the military police be given every opportunity to experience situations as close to actual combat conditions as possible. For example, military police play a vital role in RACO. Planning of military police missions for RACO should be exercised in accordance with current doctrine. The conditions needed to employ military police realistically are best met by including them in exercises conducted by major headquarters. Military police can receive excellent training in planning for, and assisting with, the movement of units to and from the training areas.

PERSONNEL AND EQUIPMENT

Military police planners develop their plans to best support the concept of the exercise. Planning factors that affect military police employment include—

- Number, types, and missions of units in the MP element's area of operation.
- Specific missions and the type of support required of the MP element.
- Quantity, quality, and types of vehicles and equipment available to the MP element.
- Environmental conditions within the area of operations.
- Width, depth, size, and location of built-up areas.
- Attitudes and needs of the inhabitants.
- Requirements for augmentation by MP elements.
- Enemy capabilities in the rear area.
- Political or psychological activities directed against US forces.

The military police controller, umpire, or evaluator checks to ensure that MP unit commanders establish mission priorities in the

TABLE 10. MP MISSIONS AND RESPONSIBILITIES.

	DIVISION MP COMPANY (TOE 19-17)	CORPS OR TAACOM MP BRIGADE (TOE 19-262) BATTALION (TOE 19-76) COMPANY (TOE 19-77)	MP PRISONER OF WAR BRIGADE (TOE 19-282)	MP CONFINEMENT BATTALION (TOE 316-H600)	MP SECURITY COMPANY (TOE 19-97)
Battlefield Circulation Control					
Route reconnaissance and surveillance	X	X			X**
Main supply route (MSR) regulation enforcement	X				
Straggler and refugee control	X				
Information dissemination					
Area Security Mission					
Area reconnaissance	X	X			X
Rear area combat operations	X	X			X
Area damage control operations	X	X			X
Intelligence collecting and reporting	X	X			X
NBC detecting and reporting	X	X			X
Enemy Prisioner of War (EPW) Mission					
EPW collection and evacuation operations	X	X	X		
EPW internment operation	X	X	X		
Law and Order Mission					
Law enforcement	X	X			
Criminal investigation	X	X			
US military prisoner confinement	X*	X*		X	

*Battlefield temporary detention of US military prisoners.

**As needed by the security mission.

light of available troops and provide for 24-hour area coverage. Once these determinations have been made. the formula below, as well as the directions' found in ARs 310-31, 310-49, and 570-2, may be used.

Military police planners will consider special equipment, facilities, and transportation. MP units, can provide the majority of their equipment needs. Special missions require augmentation. Such missions may involve—

- Support of river-crossing forces.
- Security of ports and harbors.
- Security of permanent stations.
- Handling unusual numbers of PWs or military prisoners.
- Riot or civil disorder control.
- Security for extended lines of communication (LOC) under enemy observation and fire.

Military police planners consider aviation employment and support in the following missions:

- Command and control, especially for extending communications capabilities.
- Security.
- Overwatch of extended LOC, including convoy cover, location of congestion, interruption of the MSR, and in-transit security.
- Movement of MP elements to unblock a threat obstruction and to relieve congestion on road networks.
- Timely coordination with supported headquarters and subordinate military police elements.
- Evacuation of selected PWs for special protection or interrogation.

FIGURE 34. COMPUTING REQUIRED MP STRENGTH.

$$\frac{\text{Man hours required per day times requirement} \times \text{Operational days for mission to be in effect}}{\text{Productive man hours per person for the length of the mission}} = \text{Number of military police required to man post or accomplish mission}$$

EXAMPLE:

$$\frac{51.7 \times 365}{2700} = 7 \text{ military police required}$$

Contingency planning must include implementing instructions to undertake all types of operational support, including—

- Rear area protection.
- Security of critical installations.
- Security of LOC.
- Reaction to major disaster situations (area damage control).
- Reaction to installation security plans.
- Reaction to civil disturbance and riot control missions.
- Implementation of nuclear accident/incident control plans.
- Conduct of joint operations.

PERSONNEL AND ADMINISTRATION OPERATIONS

Personnel and administation (P&A) functions are heavily loaded with peacetime requirements. During wartime, only a few of these functions become more important or create a heavier work load than during peacetime. Training exercises must focus on these critical wartime functions at each echelon. Critical functions include—

- Personnel strength accounting.
- Personnel information system (automated/manual) operations.
- Replacement requirements and requisitions.
- Replacement processing/operations.
- Casualty reporting.
- Military awards.
- Postal operations.
- Tactical administration service operations.
- Promotions/reductions.

Other P&A functions may be performed in combat. However, these are the critical ones that must be performed by each echelon. They differ from echelon to echelon. For example, at battalion level, personnel information will be detailed. At corps level, it will be summarized. Tactical SOPs and plans should include procedures and requirements to ensure that the system supports each echelon.

PLANS

For successful exercises, P&A planning must occur early. It must—

- Establish objectives.
- Determine which functions will be played and plan to exercise them thoroughly.
- Coordinate with scenario developers to ensure that the play will exercise the selected objectives.

In multiechelon exercises, P&A elements at all levels must coordinate to ensure that current SOPs and plans are sufficient. In exercises without higher and lower echelons, controllers must be provided proper information to create exercise realism. A number of functions require support from other organizations. If a player element does not provide this support, a controller must provide it to ensure that the units are fully exercised. For example, the division AG company (replacement detachment) needs transportation support from the supply and transportation (S&T) battalion to move replacements. If the replacement system is not being exercised, movement requirements must still be submitted so that the transportation element can exercise.

Exercises should involve both P&A functional and tactical responsibilities. For

example, the division AG company should also perform rear area security and rear area damage control in the division support area. The maneuver battalion's personnel administration center (PAC) should perform the same function in the brigade trains area.

PERSONNEL AND EQUIPMENT

The personnel selected for the exercise must be those who would normally perform during combat operations. The exercise objectives and the P&A functions to be played determine the actual number of participants. Only equipment authorized by the TOE should be used. Blank forms and appropriate references required by field SOPs should be available.

CONTROL

Exercise play drives P&A activities. For example, as personnel losses are declared, these losses are translated into MOSs and reported in accordance with established procedures. The personnel controller is the key to this function. He should have the TOE and Standard Installation/Division Personnel System (SIDPERS) rosters to verify losses by MOS and grade. The personnel controller ensures that personnel and other staff elements coordinate properly especially when exercise action increases. ARTEPs and 12-series field manuals cover P&A elements.

TRANSPORTATION OPERATIONS

Exercise play should include realistic transportation requirements for participating units. Transportation planners consider—

- The types of transportation operations and the modes of transportation to be exercised. See Table 11 for an example.
- The levels of transportation to be exercised.
- The integration of transportation play into exercises.

TABLE 11. FTX TRANSPORTATION OPERATIONS.

COMMAND LEVEL	STAFF PLANNING	MOVEMENTS MANAGEMENT	AIRCRAFT MAINTENANCE	MOTOR TRANS-PORTATION	AIR TRANS-PORTATION	WATER TRANS-PORTATION	RAIL TRANS-PORTATION	TERMINAL SERVICE
COMPANY AND BELOW			X	X	X		X	
BATTALION		X	X	X	X		X	
BRIGADE AND DIVISION	X	X	X	X	X		X	
ABOVE DIVISION	X	X	X	X	X	X	X	X

PLANS

Planning steps identify basic transportation levels—strategic, coordinative, and operative. The steps then relate these to the transportation command structure. The strategic level involves high-level, long-range planning. It is done by the assistant chief of staff for-transportation at theater army HQ or by the senior transportation command in a theater. The coordinative level integrates movement. Normally, the movement control center or the senior transportation command does this planning. The operative level involves unit missions. Each unit performs its function:

- Discharging containers from ships.
- Clearing terminals by truck, water, rail, and air.
- Performing intermediate aviation maintenance.
- Providing training for troops.

TABLE 12. PLANNING LEVEL RESPONSIBILITIES.

STRATEGIC

- Assess the theaterwide transportation situation.
- Determine transportation requirements.
- Allocate resupply.
- Study the theater operations area and select main supply routes and alternates.
- Advise the theater commander on theater transportation operations.
- Select ports, terminals, and transfer points to use or avoid.
- Set the theater transportation policy.

COORDINATIVE

- Match transportation requirements with capabilities.
- Allocate and use transportation modes.
- Control activities, transportation groups, and other assigned units required in the movement of cargo and personnel.
- Report the daily capabilities of highways, inland waterways, air routes, and rail lines.
- Maintain liaison with local and national commercial transporters.
- Collect, evaluate, interpret, analyze, and integrate transportation intelligence.
- Prepare traffic circulation plan.
- Advise all concerned of the play.
- Recommend substitution of one mode for another.

TABLE 12. PLANNING LEVEL RESPONSIBILITIES (continued).

OPERATIVE

- Perform the unit mission as directed.
- Prepare reports on requirements versus capabilities.
- Recommend rerouting or diversion.
- Recommend substitution of one mode for another.
- Report daily readiness status.
- Maintain readiness.
- Apply and implement command policies and directives.

PERSONNEL AND EQUIPMENT

Exercise planners assign tasks at the correct transportation level—strategic, coordinative, or operative. Planners use the applicable ARTEP to suggest support requirements for various transportation exercises, as well as the framework for the desired standards and control.

MAINTENANCE OPERATIONS

By virtue of their missions, maintenance units perform daily many of the functions they can expect to perform under field conditions. At the DS level, these include—

- Inspecting.
- Testing.
- Classifying.
- Supplying repair parts.
- Cannibalizing.
- Controlling exchange.
- Repairing.
- Modifying materiels.

These are prime candidates for exercise play. Some functions, notably reclamation, overhaul, and rebuilding, are performed at maintenance levels higher than DS. Nonetheless, exercise planners should consider giving all functions some play.

The exercise scenario should include the applicable tasks shown in the appropriate ARTEP. It should also include tasks that are not part of the daily maintenance mission.

Exercises should be as close as possible to actual combat. For example, the supply function should train in conjunction with maintenance. Doing so is important because most maintenance supply actions will have an effect on Class IV supply. Similarly, the materiel management center (MMC) should train to find additional sources of repair parts, such as adjacent maintenance units and equipment that can be cannibalized. Accurate and timely readiness reporting is absolutely essential. Effective communications nets are also vital. If radio silence is imposed, couriers must be used. Likewise, as maintenance support teams (MSTs) are sent forward, they should train to satisfy both the supported and supporting units. Response times may be critical, both for equipment repair and MST survivability. MSTs may be transported by airlift to the equipment or provided armored maintenance vehicles.